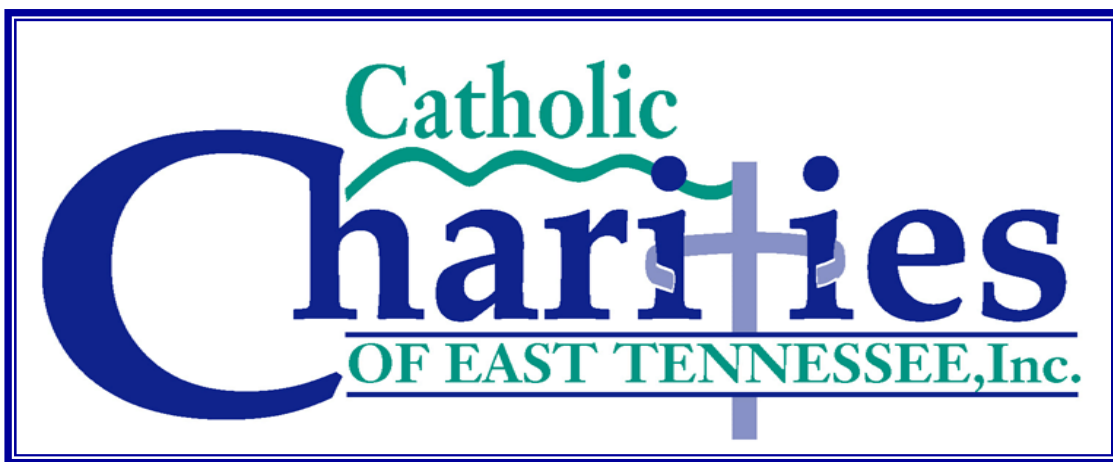


Name _____

Position Desired _____

Date _____

APPLICATION FOR EMPLOYMENT



An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, disability, or any other legally protected status. This employment application will remain active for a period of ninety days from the date of application. To be considered for employment after that time, a new application is required.

Important note:

Please complete all sections of this application.
Be sure to sign the back page of this application and the form inside.

First Name	Middle Name	Last Name	Social Security No.	Date
Local Address (St. and Number)		City	State	Zip
Home Phone	Business Phone	Position Desired	Salary Desired	
Type of employment sought Full Time Part Time		What hours can you work? _____ Will you work overtime? Yes No		
Are you 18 years of age or older? Yes No		Are you legally eligible for employment in the United States? (Proof of citizenship or immigration status will be required.) Yes No		
Have you ever been convicted of a felony? (Conviction will not necessarily be a bar to employment.) Yes No If yes, please explain:				

Education	School name & address	Years completed	Course of study
High School	Name		
	City, State		
College, University, Trade School, or Other Schools	Name		Major
	City, State		Minor
	Name		Major
	City, State		Minor
Other Applicable Training			

EMPLOYMENT EXPERIENCE (BEGIN WITH PRESENT POSITION)

Employer	Dates employed		Type of work performed
	<i>From</i>	<i>To</i>	
Address			
Job Title		Hourly Rate/Salary	
		<i>Start</i>	<i>Final</i>
Supervisor	Phone No.		
Reason for leaving			
May we call for a reference? Yes No			

Employer	Dates employed		Type of work performed
	<i>From</i>	<i>To</i>	
Address			
Job Title		Hourly Rate/Salary	
		<i>Start</i>	<i>Final</i>
Supervisor	Phone No.		
Reason for leaving			
May we call for a reference? Yes No			

Employer	Dates employed		Type of work performed
	<i>From</i>	<i>To</i>	
Address			
Job Title		Hourly Rate/Salary	
		<i>Start</i>	<i>Final</i>
Supervisor	Phone No.		
Reason for leaving			
May we call for a reference? Yes No			

Employer	Dates employed		Type of work performed
	<i>From</i>	<i>To</i>	
Address			
Job Title		Hourly Rate/Salary	
		<i>Start</i>	<i>Final</i>
Supervisor	Phone no.		
Reason for leaving			
May we call for a reference? Yes No			

Other References:	
Name	Phone no.
Name	Phone no.
Name	Phone no.

Applicant's Statements

Important: Please read before signing

By my signature below, I certify that the information provided in this employment application and accompanying resume, if any, is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date.

I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I also authorize Catholic Charities to contact my present employer (unless otherwise noted on this form), past employers, and references. I understand that Catholic Charities may request an investigative consumer report from a consumer-reporting agency.

I authorize any person, school, current employer, past employer, and organizations named in this job application (and accompanying resume, if any) to provide Catholic Charities with relevant information and opinion that may be useful to the company in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

I understand if I am extended an offer of employment it may be conditioned upon my successfully passing a pre-employment physical. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT NEITHER THIS APPLICATION NOR SUBSEQUENT EMPLOYMENT CREATES A CONTRACT OF EMPLOYMENT NOR A GUARANTEE OF EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME, AND, REGARDLESS OF THE DATE OF PAYMENT OR STATED TERMS OF MY WAGES OR SALARY, I MAY BE TERMINATED AT ANY TIME. I UNDERSTAND AND AGREE THAT MY EMPLOYMENT RELATIONSHIP WITH CATHOLIC CHARITIES, IF HIRED, IS AN EMPLOYMENT-AT-WILL RELATIONSHIP AND MAY BE TERMINATED BY EITHER ME OR CATHOLIC CHARITIES AT ANY TIME WITH OR WITHOUT CAUSE.

I understand that no person is authorized to change the terms mentioned in this employment application and I understand that this employment application is not, and is not intended to be, a contract of employment.

Applicant's Signature

Date